

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DECEMBER  
JUL 13 2012  
Bayfield Co. Zoning Dept.

|              |            |
|--------------|------------|
| Permit #:    | 12-0045    |
| Date:        | 7-18-12    |
| Amount Paid: | 475.00 ROS |
| Refund:      | 7/13/12    |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

|  |   |   |  |   |   |               |              |   |
|--|---|---|--|---|---|---------------|--------------|---|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |   |   |  |   |   |               |              |   |
| Owner's Name: ANDREW & LISA FORTTHUE   | Mailing Address: 21570 GARMINSCA RD, WAUSAU, WI 54881   | City/State/Zip: WAUSAU, WI 54881                | Telephone: 794-2172                        |   |   |               |              |   |
| Address of Property: 21570 GARMINSCA RD  | Contractor Phone: STEVE   | Plumber:  | Plumber Phone:                             |   |   |               |              |   |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))   | Agent Phone:  | Agent Mailing Address (include City/State/Zip): |  |   |   |               |              |   |
| PROJECT LOCATION: 1/4, 1/4   | Gov't Lot: 1  | Lot(s): 6                                       | CSM: 399                                   | Vol & Page: 6, 80   | Lot(s) No.:   | Block(s) No.: | Subdivision: | Recorded Document: (i.e. Property Ownership) 04-034-2-43-06-21-1 05-001-0700 04-000-25400 711 405 713 937 |
| Section 21, Township 43 N, Range 6 W   | Town of: Abnoga Kagon   |   | Lot Size:                                  |   | Acreage: 26.32 + 2.22   |               |              |   |
| <input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland   | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → | Distance Structure is from Shoreline: feet      | Distance Structure is from Shoreline: feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |               |              |   |

|  |   |                                     |  |   |   |                               |
|--|---|-------------------------------------|--|---|---|-------------------------------|
| Value at Time of Completion * include donated time & material \$8000 | Project (What are you applying for)         | # of Stories and/or basement        | Use  | # of bedrooms                           | What Type of Sewer/Sanitary System is on the property?          | Water                         |
| <input checked="" type="checkbox"/> New Construction                 | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal   | <input type="checkbox"/> 1                             | <input type="checkbox"/> Municipal/City | Specify Type: _____   | <input type="checkbox"/> City |
| <input type="checkbox"/> Addition/Alteration                         | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Year Round | <input type="checkbox"/> 2                             | <input type="checkbox"/> (New) Sanitary | Specify Type: _____   | <input type="checkbox"/> Well |
| <input type="checkbox"/> Conversion                                  | <input type="checkbox"/> 2-Story            | <input type="checkbox"/> 3          | <input type="checkbox"/> Sanitary (Exists)             | Specify Type: _____                     | <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) |                               |
| <input type="checkbox"/> Relocate (existing bldg)                    | <input type="checkbox"/> Basement           | <input type="checkbox"/> None       | <input type="checkbox"/> Portable (w/service contract) |   |   |                               |
| <input type="checkbox"/> Run a Business on Property                  | <input type="checkbox"/> No Basement        | <input type="checkbox"/> Foundation | <input type="checkbox"/> Compost Toilet                |   |   |                               |
| <input type="checkbox"/>   | <input type="checkbox"/>                    | <input type="checkbox"/>            | <input type="checkbox"/> None                          |   |   |                               |

Existing Structure: (if permit being applied for is relevant to it) Length: 48' Width: 30' Height: 16' Proposed Construction: Length: 48' Width: 30' Height: 48' 16'

|  |  |             |                |
|--|--|-------------|----------------|
| Proposed Use   | Proposed Structure   | Dimensions  | Square Footage |
| <input type="checkbox"/> Principal Structure (first structure on property)   | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | ( X )       |                |
| <input type="checkbox"/> with Loft   |  | ( X )       |                |
| <input type="checkbox"/> with a Porch  |  | ( X )       |                |
| <input type="checkbox"/> with (2") Porch   |  | ( X )       |                |
| <input type="checkbox"/> with a Deck   |  | ( X )       |                |
| <input type="checkbox"/> with (2") Deck  |  | ( X )       |                |
| <input type="checkbox"/> with Attached Garage  |  | ( X )       |                |
| <input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) |  | ( X )       |                |
| <input type="checkbox"/> Mobile Home (manufactured date)   |  | ( X )       |                |
| <input type="checkbox"/> Addition/Alteration (specify)   |  | ( X )       |                |
| <input checked="" type="checkbox"/> Accessory Building (specify) Garage  |  | ( 48 X 30 ) | 1,440          |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify)  |  | ( X )       |                |
| <input type="checkbox"/> Special Use: (explain)  |  | ( X )       |                |
| <input type="checkbox"/> Conditional Use: (explain)  |  | ( X )       |                |
| <input type="checkbox"/> Other: (explain)  |  | ( X )       |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in good faith this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Lisa Fortthue Date 7/12/12 (if there are Multiple Owners, list on the Deed All Owners, last sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date Attach

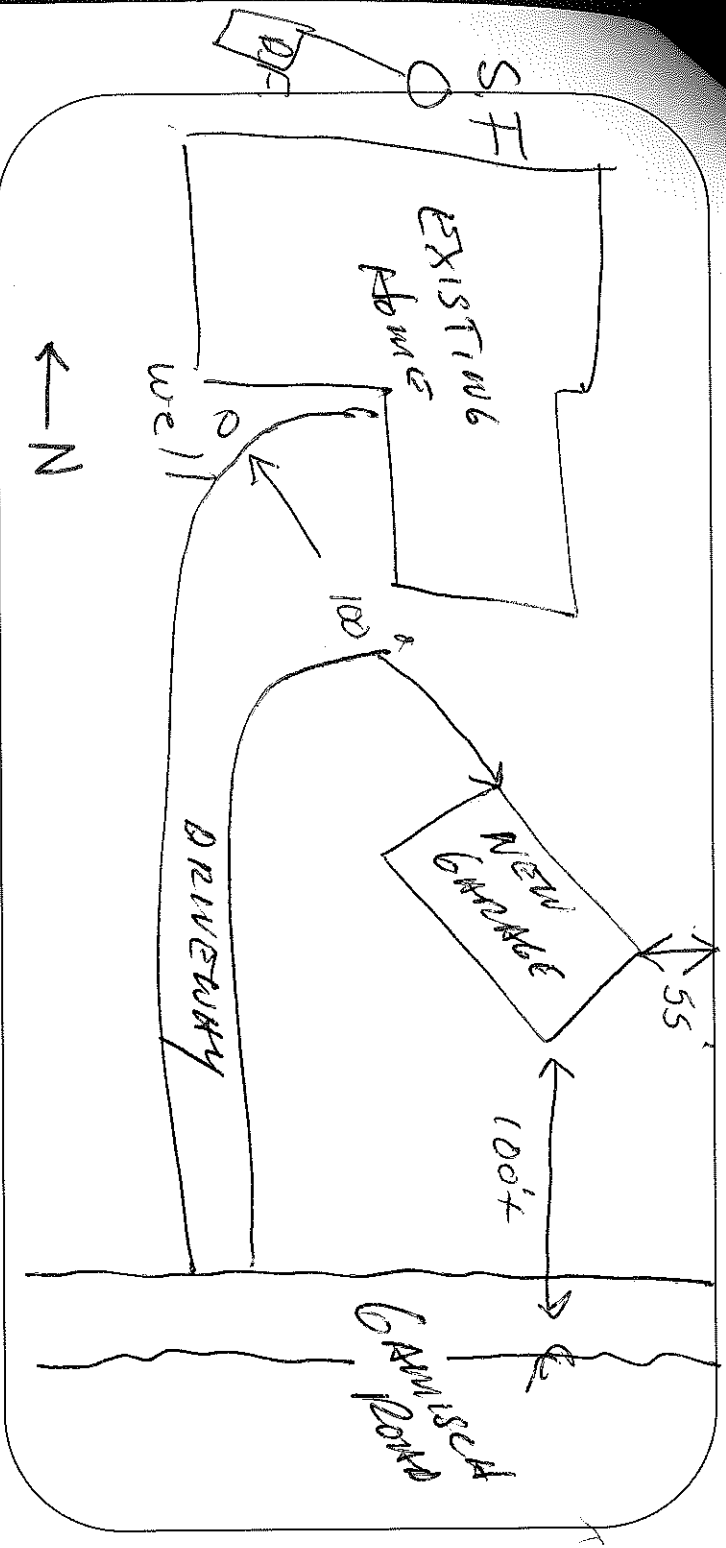
Rec'd for Issuance 5947 as above Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- Show Location of:
- North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%
- (1) Show any (\*):
- (2) Show any (\*):
- (3) Show any (\*):
- (4) Show any (\*):
- (5) Show any (\*):
- (6) Show any (\*):
- (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Planted Road | 140' Feet   | Setback from the Lake (ordinary high-water mark) | 450' Feet   |
| Setback from the Established Right-of-Way   | 130' Feet   | Setback from the River, Stream, Creek            | NA Feet     |
| Setback from the North Lot Line             | 180' Feet   | Setback from the Bank or Bluff                   | NA Feet     |
| Setback from the South Lot Line             | NA Feet     | Setback from Wetland                             | NA Feet     |
| Setback from the West Lot Line              | 250' Feet   | Setback from 20% Slope Area                      | NA Feet     |
| Setback from the East Lot Line              | 55 Feet     | Elevation of Floodplain                          | 137.6 Feet  |
| Setback to Septic Tank or Holding Tank      | 130 Feet    | Setback to Well                                  | 100' Feet   |
| Setback to Drain Field                      | 150' Feet   |  |             |
| Setback to Privy (Portable, Composting)     | NA Feet     |  |             |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| Issuance Information (County Use Only)   |  | Sanitary Number:  | # of bedrooms:                          |  | Sanitary Date:                         |
| Permit Denied (Date):  |  | Reason for Denial:  |   |  |  |
| Permit #: 12-0345  |  | Permit Date: 7-18-12  |   |  |  |
| Is Parcel a Sub-Standard Lot   |  | <input checked="" type="checkbox"/> Yes (Deed of Record)                                      | <input checked="" type="checkbox"/> No  |  |  |
| Is Parcel in Common Ownership  |  | <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)                               | <input checked="" type="checkbox"/> No  |  |  |
| Is Structure Non-Conforming  |  | <input checked="" type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No  |  |  |
| Granted by Variance (B.O.A.)   |  | Case #:   | Previously Granted by Variance (B.O.A.) |  | Case #:                                |
| <input checked="" type="checkbox"/> Yes  |  | <input checked="" type="checkbox"/> No  | <input checked="" type="checkbox"/> Yes |  | <input checked="" type="checkbox"/> No |
| Was Parcel Legally Created   |  | <input checked="" type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No  | Were Property Lines Represented by Owner   |  |
| Was Proposed Building Site Delineated  |  | <input checked="" type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No  | Was Property Surveyed  |  |
| Inspection Record:   |  | Inspected by: M. Fustak   |   | Zoning District (RRB)  |  |
| Date of Inspection: 7-12-12  |  | Inspected by: M. Fustak   |   | Lakes Classification (1)   |  |
| Condition(s) Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached) |  | Inspected by: M. Fustak   |   | Date of Re-Inspection:   |  |
| May not be used for human habitation.<br>No water under pressure in structure.<br>placed on septic tank beds.  |  | Inspected by: M. Fustak   |   | Date of Re-Inspection:   |  |
| Signature of Inspector: Michael Stutts   |  | Inspected by: M. Fustak   |   | Date of Approval: 7-13-12  |  |
| Hold For Sanitary: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Hold For TBA: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   | Hold For Affidavit: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Hold For Fees: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Hold For Fees: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Hold For Fees: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |  |

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APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp Received: MAY 04 2012  
Bayfield Co. Zoning Dept.

Permit #: 18-0847  
Date: 7-18-19  
Amount Paid: \$75.00  
Refund: 5/4/2012  
ENTERED

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: JIM + Barbara McKinney  
Address of Property: 43825 Co. Hwy D  
City/State/Zip: Cable, WI 54821  
Cell Phone: 580-0045  
Contractor: Jim Tegedale  
Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Contractor Phone: 580-0947  
Plumber:  
Agent Phone: 798-4459  
Agent Mailing Address (include City/State/Zip):  
PIN: (23 digits) 04-034-2-43-06-14-2  
Recorded Document: (i.e. Property Ownership) Volume: Page(s):  
PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 11 Lot(s) 1 CSM 1711 Vol & Page 10 119 W/1/2-53 Lot(s) No. Block(s) No. Subdivision: Nanaakagon Lake Shore  
Section 14, Township 43 N, Range 6 W Town of: Nanaakagon  
Distance Structure is from Shoreline: feet  
Distance Structure is from Shoreline: feet  
Is Property in Floodplain Zone? ☒ Yes ☐ No  
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion: \$3,500  
Project (What are you applying for):  
# of Stories and/or basement:  
Use:  
# of bedrooms:  
What Type of Sewer/Sanitary System Is on the property?:  
Water:  
☐ New Construction ☒ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City  
☒ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type:   
☐ Conversion ☐ 2-Story ☐ 3 ☒ Sanitary (Exists) Specify Type:   
☐ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or Vented (min 200 gallon)   
☐ Run a Business on Property ☐ No Basement ☐ Portable (w/service contract)   
☐ Foundation ☐ None ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:  
Proposed Construction: Length: 14 Width: 18 Height:

Proposed Use: ☒ Residential Use  
☐ Commercial Use  
☐ Municipal Use

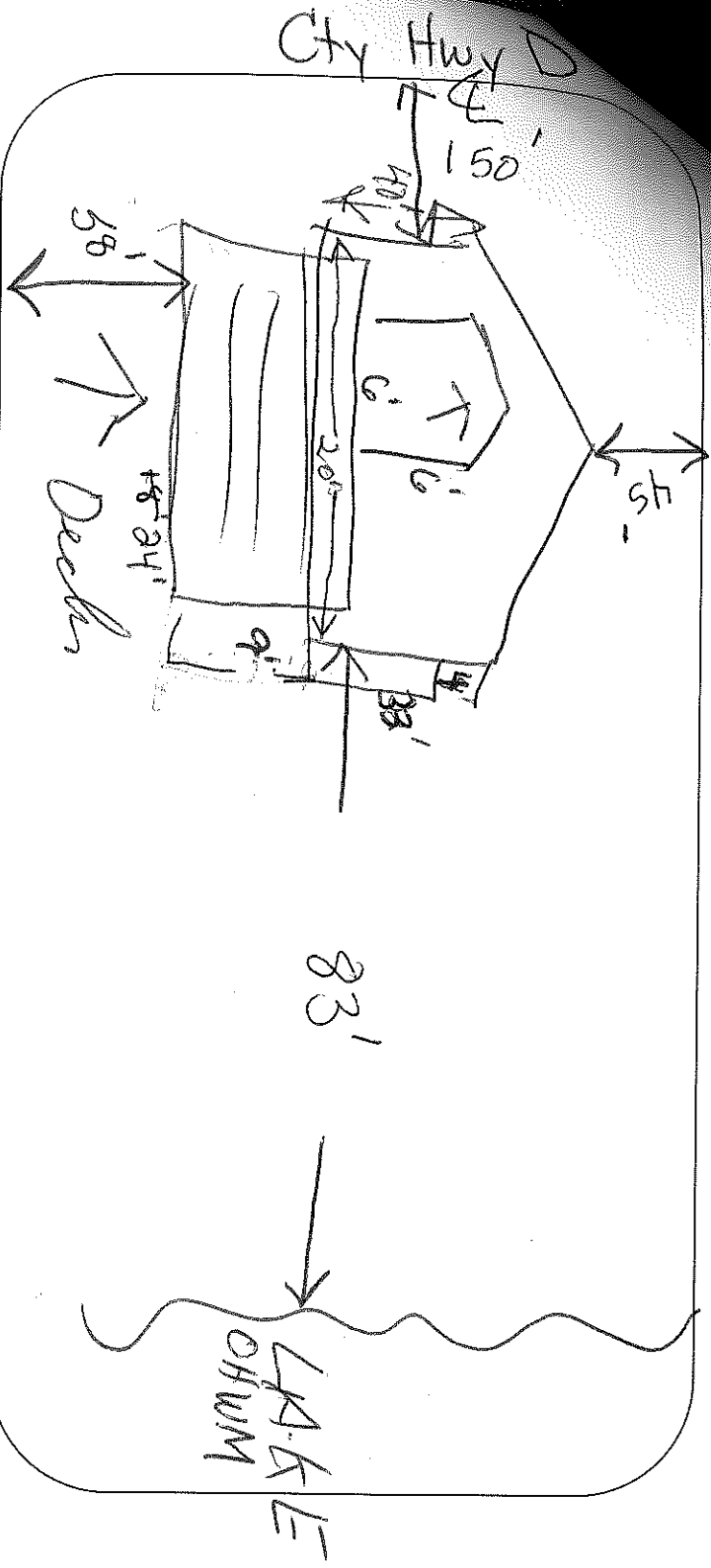
Proposed Structure:  
Principal Structure (first structure on property):  
Residence (i.e. cabin, hunting shack, etc.):  
with Loft  
with a Porch  
with (2") Porch  
with a Deck  
with (2") Deck  
with Attached Garage  
Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)  
Mobile Home (manufactured date)  
Addition/Alteration (specify): deck, w/covered entryway  
Accessory Building (specify):  
Accessory Building Addition/Alteration (specify): covered entryway  
Special Use: (explain):  
Conditional Use: (explain):  
Other: (explain):

Dimensions: Square Footage:  
Principal Structure: 14' x 33' 133  
Residence: 14' x 33' 133  
with Loft: 14' x 33' 133  
with a Porch: 14' x 33' 133  
with (2") Porch: 14' x 33' 133  
with a Deck: 14' x 33' 133  
with (2") Deck: 14' x 33' 133  
with Attached Garage: 14' x 33' 133  
Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities): 14' x 33' 133  
Mobile Home (manufactured date): 14' x 33' 133  
Addition/Alteration (specify): deck, w/covered entryway 14' x 33' 133  
Accessory Building (specify): 14' x 33' 133  
Accessory Building Addition/Alteration (specify): covered entryway 14' x 33' 133  
Special Use: (explain): 14' x 33' 133  
Conditional Use: (explain): 14' x 33' 133  
Other: (explain): 14' x 33' 133

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed All Owners must sign a letter(s) of authorization must accompany this application)  
Signature: Jim + Barbara McKinney  
Date: 5-3-12  
Attach  
Addendum to Send Permit: 43235 Nanaakagon Rd Cable WI 54821  
If you recently purchased the property send your Recorded Deed

- Indicate your property (regardless of what you are applying for)
- Location of:  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%
- SHOW:  
Show any (\*):  
Show any (\*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet        | Setback from the Lake (ordinary high-water mark) | 83 Feet     |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | N/A Feet    |
| Setback from the North Lot Line             | Feet        | Setback from the Bank or Bluff                   | N/A Feet    |
| Setback from the South Lot Line             | Feet        | Setback from Wetland                             | N/A Feet    |
| Setback from the West Lot Line              | Feet        | Setback from 20% Slope Area                      | N/A Feet    |
| Setback from the East Lot Line              | Feet        | Elevation of Floodplain                          | 1397.6 Feet |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | 50 Feet     |
| Setback to Drain Field                      | Feet        |  |             |
| Setback to Privy (Portable, Composting)     | N/A Feet    |  |             |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|   |  |   |   |  |
|---|--|---|---|--|
| <b>Issuance Information (County Use Only)</b>   |  | Sanitary Number: 12-595   | # of bedrooms: 3  | Sanitary Date: 7-3-12                        |
| Permit Denied (Date):   |  | Reason for Denial:  |   |  |
| Permit #: 12-0847   |  | Permit Date: 7-18-12  |   |  |
| Is Parcel a Sub-Standard Lot  |  | <input checked="" type="checkbox"/> Yes (Deed of Record)            | <input checked="" type="checkbox"/> No                              |  |
| Is Parcel in Common Ownership   |  | <input checked="" type="checkbox"/> Yes (Fused/Contiguous lots)     | <input checked="" type="checkbox"/> No                              |  |
| Is Structure Non-Conforming   |  | <input checked="" type="checkbox"/> Yes                             | <input checked="" type="checkbox"/> No                              |  |
| Granted by Variance (B.O.A.)  |  | Case #:   | Previously Granted by Variance (B.O.A.)                             | Case #:                                      |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Was Parcel Legally Created  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner                            |  |
| Was Proposed Building Site Delineated   |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed   |  |
| Inspection Record:  |  | Zoning District (RRB)   |   |  |
| Date of Inspection: 5-24-12   |  | Lakes Classification (1)  |   |  |
| Inspected by: M. Fawcett  |  | Date of Re-Inspection:  |   |  |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) |  |   |   |  |
| Signature of Inspector: M. Fawcett  |  |   |   |  |
| Hold For Sanitary: <input checked="" type="checkbox"/>  |  | Hold For TBA: <input type="checkbox"/>                              |   | Hold For Affidavit: <input type="checkbox"/> |
|   |  | Hold For Fees: <input type="checkbox"/>                             |   | Hold For: <input type="checkbox"/>           |
| Date of Approval: 7-18-12   |  |   |   |  |
| 3-24-12   |  |   |   |  |



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APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Rec'd (Received)  
JUN 06 2012  
Bayfield Co. Zoning Dept.

Permit #: 120048  
Date: 7-18-12  
Amount Paid: \$100.00 RD5  
Refund: 6/6/12

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|  |  |   |                                   |   |  |   |                                 |   |
|--|--|---|-----------------------------------|---|--|---|---------------------------------|---|
| TYPE OF PERMIT REQUESTED →   |  | <input checked="" type="checkbox"/> LAND USE  | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY                  | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE  | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER  |
| Owner's Name:  |  | Dwayne Roewe  |                                   | Mailing Address:                                |  | 43040 Harmon Dr. Cable, WI 54891  |                                 | Telephone:  |
| Address of Property:   |  | 43040 Harmon Dr.  |                                   | City/State/Zip:                                 |  | Cable, WI 54891   |                                 | Cell Phone:   |
| Contractor:  |  | Same  |                                   | Plumber:  |  | Plumber Phone:  |                                 |   |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  | Agent Phone:  |                                   | Agent Mailing Address (include City/State/Zip): |  | Written Authorization Attached  |                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement)  |                                   | PIN: (23 digits)                                |  | Recorded Document: (i.e. Property Ownership)  |                                 | Page(s)   |
| 1/4, 1/4   |  | Gov't Lot 3   |                                   | Lot(s) CSM                                      |  | Vol & Page  |                                 | Subdivision:  |
| Section 14, Township 43, N. Range 6                                  |  | Town of: Numa Keizer  |                                   | Lot Size  |  | Acreage   |                                 | 16.653  |
| <input checked="" type="checkbox"/> Shoreland →                      |  | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → |                                   | Distance Structure is from Shoreline: feet      |  | Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                 | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Non-Shoreland                               |  | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →  |                                   | Distance Structure is from Shoreline: feet      |  |   |                                 |   |

| Value at Time of Completion * include donated time & material | Project (What are you applying for)                 | # of Stories and/or basement            | Use                                 | # of bedrooms                 | What Type of Sewer/Sanitary System Is on the property?                                    | Water                         |
|---|---|---|-------------------------------------|-------------------------------|---|-------------------------------|
| \$  | <input type="checkbox"/> New Construction           | <input type="checkbox"/> 1-Story        | <input type="checkbox"/> Seasonal   | <input type="checkbox"/> 1    | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City |
|   | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Year Round | <input type="checkbox"/> 2    | <input type="checkbox"/> (New) Sanitary   | <input type="checkbox"/> Well |
|   | <input type="checkbox"/> Conversion                 | <input type="checkbox"/> 2-Story        | <input type="checkbox"/>            | <input type="checkbox"/> 3    | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            |                               |
|   | <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/> Basement       | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |                               |
|   | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement    | <input type="checkbox"/>            | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                                    |                               |
|   | <input type="checkbox"/>                            | <input type="checkbox"/>                | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> Compost Toilet   |                               |

|   |         |        |         |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction:  | Length: | Width: | Height: |

| Proposed Use  | Proposed Structure  | Dimensions    | Square Footage |
|---|---|---------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property)  | ( X )         |                |
|   | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)  | ( X )         |                |
|   | with Loft   | ( X )         |                |
|   | with a Porch  | ( X )         |                |
|   | with (2 <sup>nd</sup> ) Deck  | ( X )         |                |
|   | with (2 <sup>nd</sup> ) Deck  | ( X )         |                |
|   | with Attached Garage  | ( X )         |                |
| <input type="checkbox"/> Commercial Use             | <input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )         |                |
|   | <input type="checkbox"/> Mobile Home (manufactured date)  | ( X )         |                |
|   | <input type="checkbox"/> Addition/Alteration (specify) _____  | ( X )         |                |
|   | <input type="checkbox"/> Accessory Building (specify) _____   | ( X )         |                |
|   | <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____   | ( X )         |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/> Special Use: (explain) _____   | ( X )         |                |
|   | <input type="checkbox"/> Conditional Use: (explain) _____   | ( X )         |                |
|   | <input checked="" type="checkbox"/> Other: (explain) <u>sidewalk to lake</u>  | ( 4' x 300' ) | Spec 4         |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Dwayne Roewe Muriel Roewe Date 6-4-12  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Same as above Attach ☒ Copy of Tax Statement

Sketch your property (regardless of what you are applying for)

- show location of:  
show / indicate:  
Show Location of (\*):  
(1) Show:  
(2) Show:  
(3) Show any (\*):  
(4) Show any (\*):  
(5) Show any (\*):  
(6) Show any (\*):  
(7) Show any (\*):
- Proposed Construction**  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%

See attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet        | Setback from the Lake (ordinary high-water mark) | Feet        |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | Feet        |
|   |             | Setback from the Bank or Bluff                   | Feet        |
| Setback from the North Lot Line             | Feet        | Setback from Wetland                             | Feet        |
| Setback from the South Lot Line             | Feet        | Setback from 20% Slope Area                      | Feet        |
| Setback from the West Lot Line              | Feet        | Elevation of Floodplain                          | Feet        |
| Setback from the East Lot Line              | Feet        |  |             |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | Feet        |
| Setback to Drain Field                      | Feet        |  |             |
| Setback to Privy (Portable, Composting)     | Feet        |  |             |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |  |   |   |  |
|--|--|---|---|--|
| <b>Issuance Information (County Use Only)</b>  |  | Sanitary Number:  | # of bedrooms:  | Sanitary Date:   |
| Permit Denied (Date):  |  | Reason for Denial:  |   |  |
| Permit #: 12-0848  |  | Permit Date: 7-18-12  |   |  |
| Is Parcel a Sub-Standard Lot<br>Is Parcel in Common Ownership<br>Is Structure Non-Conforming   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required<br>Mitigation Attached                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Previously Granted by Variance (B.O.A.)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   | Case #:  |
| Was Parcel Legally Created<br>Was Proposed Building Site Delineated  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | Were Property Lines Represented by Owner<br>Was Property Surveyed |  |
| Inspection Record:<br>Mets all requirements  |  | Zoning District (R-1)<br>Lakes Classification (1)   |   | Date of Re-Inspection:   |
| Date of Inspection: 7-16-12  |  | Inspected by: M. Furbide  |   |  |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) |  |   |   |  |
| Signature of Inspector: Michael Furbide  |  | Date of Approval: 7-18-12   |   |  |
| Hold For Sanitary: <input type="checkbox"/>  |  | Hold For TBA: <input type="checkbox"/>  |   | Hold For Affidavit: <input type="checkbox"/>   |
|  |  | Hold For Fees: <input type="checkbox"/>   |   | <input type="checkbox"/>   |

# County, WI

## erial Map

